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2011

ARKANSAS APPLICATION FOR PHARMACY TECHNICIAN REGISTRATION APPLICATION FEE: \$111.25

The registration you are applying for is the Arkansas Pharmacy Technician Registration.
This registration will expire on December 31st, 2012.

To be eligible for this registration, you must:

- Have a high school diploma, GED, or equivalent;
- Have moral character and temperance and habits;
- Pass a state and federal background check.

1) Read the instructions on the form carefully.

2) Truthfully answer the personal history questions on pages 2 and 3.

3) Check your application to make sure it is complete and you have included everything required. Incomplete applications will not be processed. Your application will expire 6 months from date of receipt. Application fees will not be refunded. For your application to be considered complete you must include the following documentation:

- ☐ A check or money order payable to the Arkansas State Board of Pharmacy in the amount of \$111.25
- ☐ A copy of your driver's license
- ☐ A copy of your high school diploma, college transcript or diploma, G.E.D., or other approved education related document which verifies graduation from high school *or equivalent education*. An approved document includes: an OFFICIAL transcript (with a seal and an official signature) or a letter from your school stating your date of graduation.
- ☐ A completed and notarized AR State Police/ FBI Criminal Background Check form
- ☐ A completed fingerprint card. **You MUST use a standard FBI fingerprint card, form No. FD-258 used by the FBI for noncriminal fingerprinting.** You can obtain this card at your local police department, sheriff's office, state police office, or you can contact the State Board of Pharmacy office to have one sent to you.

4) Please allow 3 weeks processing time for your registration. We will run a state and federal criminal background check for this registration.

If you have been registered in Arkansas as a pharmacy technician previously, please contact the Board for a pharmacy technician reinstatement application. If you have any questions or concerns, please contact the Arkansas State Board of Pharmacy by phone 501-682-0190 or email asbp@arkansas.gov.



Arkansas State Board of Pharmacy
101 East Capitol, Suite 218
Little Rock, AR 72201
501-682-0190 Fax 501-682-0195
www.arkansas.gov/asbp

2011

ARKANSAS APPLICATION FOR PHARMACY TECHNICIAN REGISTRATION
APPLICATION FEE: \$111.25

The Arkansas State Board of Pharmacy is **required** under 42 USC § 666(a)(13) and Ark. Code Ann § 17-1-104 to obtain the social security numbers of all licensees to provide to the Arkansas Office of Child Support to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans. Your social security number will also be used for the required criminal background investigation.

PART I: APPLICANT IDENTIFYING INFORMATION

Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other: _____			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Name: Last		First	Middle
Suffix (Jr.)			
Other Names Used: Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change.			
Date of Birth:		Place of Birth (state, country):	
Current Home Address: (Street, City, State, Zip)			
Permanent Mailing Address: if different from current address listed above.			
Home Phone Number: ()		Cell Phone Number: ()	
Work Phone Number: ()		Work Fax Number: ()	
Email:			
Citizenship:			
a. Are you a Citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
b. If you answered NO to the question above, are you: (Please check one of the following.)			
<input type="checkbox"/> a qualified alien (as defined in 8 U.S.C. § 1641.)			
<input type="checkbox"/> a nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 et seq.)			
<input type="checkbox"/> an alien who is paroled into the United States under 8 U.S.C. § 1182 (d)(5) for less than one year.			
<input type="checkbox"/> other – please provide a detailed explanation.			

FOR OFFICE USE ONLY:

License #:

Date Issued:

Fee Paid:

Check No.:

PART II: EDUCATION INFORMATION

Check one of the following qualifications:

<input type="checkbox"/> High School Diploma or College Transcript or Diploma What year did you receive your high school diploma? Name of School: City: _____ State: _____	
<input type="checkbox"/> G.E.D. What month and year did you receive your G.E.D.? What state issued your G.E.D.?	

PART III: PERSONAL HISTORY INFORMATION

You must respond fully and truthfully to these questions and, if the answer is "Yes" to any part of these questions, you **must** provide a notarized written detailed explanation of the circumstances.

You must fully and truthfully report your criminal history whether or not the arrest/citation was dismissed, dismissed through drug court diversion, expunged under the first offender act, alternative sentencing act, Act 531, Act 305, or Act 346 or it happened over 5 years ago. This criminal history includes all DWI, DUI, and MIP (Minor in Possession) violations, possession of controlled substances, theft, shoplifting, domestic violence, assault violations, or any other violation of any state or federal law, whether misdemeanor or felony, and regardless of the state or territory in which it happened.

If you do not fully and truthfully report your history, your application will be denied and/or you will be subject to other sanctions. Please contact the Arkansas State Board of Pharmacy at 501-682-0190 if you do not understand the above information.

Have you ever been found in any civil, administrative, or criminal proceeding to have: a. Possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes; b. Diverted controlled substances or prescription drugs; c. Violated any state, federal, or local drug law; d. Dispensed controlled substances for yourself; e. Violated any state or federal law or rule regulating a health care profession?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured, or placed on probation by a state, federal, or foreign authority or have you ever surrendered such credential in connection with or to avoid action by such authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been cited, arrested for, charged with, or convicted of the commission of any crime, offense, or violation of the law in any state or by the federal government even if those charges were dismissed or expunged?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there any disciplinary action pending or any unresolved or pending complaints against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you currently have an alcohol or other substance abuse problem?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you currently engaged in the unlawful use of controlled substance(s)? (Unlawful use of controlled substances means the use of controlled substances obtained illegally (e.g. marijuana, meth, heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been treated for a drug or alcohol addiction or participated in a rehabilitation program in the last 5 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>

PART IV: CERTIFICATIONS

Please read carefully and sign below.

I hereby certify that I have read this application, that I understand all instructions and questions and that all information I have provided is true, correct, and complete. I understand that falsifying an application, supplying misleading information, or withholding relevant information is grounds for denial or revocation of a license and/or other sanctions. I authorize the Arkansas State Board of Pharmacy to review any documents relevant to my registration and practice, including law enforcement records, administrative records, employment records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Arkansas State Board of Pharmacy.

Signature of applicant (Full Legal Name)

Date signed

Check your application to make sure it is complete and you have included everything required. Incomplete applications will not be processed. Your application will expire 6 months from date of receipt. Application fees will not be refunded. To complete your application, you must include the following documentation:

- ☐ A check or money order payable to the Arkansas State Board of Pharmacy in the amount of \$111.25
- ☐ A copy of your driver's license
- ☐ A copy of your high school diploma, college transcript or diploma, G.E.D., or a transcript or a letter with a seal and an official signature from your school verifying your graduation from high school
- ☐ A completed and notarized AR State Police/ FBI Criminal Background Check form
- ☐ A completed fingerprint card: You **MUST** use a standard FBI fingerprint card, form No. FD-258 used by the FBI for noncriminal fingerprinting. You can obtain this card at your local police department, sheriff's office, state police office, or you can contact the State Board of Pharmacy office to have one sent to you.

ARKANSAS STATE POLICE AND FBI CRIMINAL BACKGROUND CHECK INSTRUCTIONS

Criminal Background Check Form:

- The Criminal Background Check form **MUST** be **NOTARIZED**.
- All information **MUST** be completed or the form will be returned to you.
- The last name on your Criminal Background Check form **MUST** match the last name on your Board of Pharmacy Application, **AND** your driver's license.

FBI Fingerprint Card:

- **You MUST use a standard FBI fingerprint card, form No. FD-258 used by the FBI for noncriminal fingerprinting.** You can obtain this card at your local police department, sheriff's office, state police office, or you can contact the State Board of Pharmacy office to have one sent to you.
- **Have fingerprints done by someone APPROPRIATELY TRAINED to collect them. A delay in the processing of your FBI criminal background check is commonly caused by incomplete FBI fingerprint cards and poor quality of fingerprints.**
 - Your local police or sheriff's department may be willing to accommodate you. There may or may not be a fee involved. The Arkansas State Police ID Bureau in Little Rock, on Geyer Springs Road at I-30, will do your fingerprints **WITHOUT** charge Monday through Friday from 8:30 a.m. to 4:30 p.m.
- **DO NOT BEND OR FOLD THE FBI FINGERPRINT CARD** – place in an appropriately sized mailing envelope.
- **DO NOT CONTACT the Arkansas State Police or the FBI** about the status of your criminal background check. Those agencies will notify the Arkansas State Board of Pharmacy.

Fields to be completed on the Fingerprint Card

(Type or print, black ink only - Fingerprints must be done in **BLACK** Ink.)

- Last name, First name, Middle name
- Signature of person fingerprinted
- Aliases (other names you have used, including nicknames, maiden names, other married names, etc.)
- Date of birth (MM/DD/YYYY)
- Residence of person fingerprinted (street address or post office box, city, state, zip)
- Citizenship (i.e., United States, England, Mexico)
- Sex: M= Male, F= Female
- Race: A=Asian; W=White; B=Black; I=American Indian, H=Hispanic, U=Unknown
- Height
- Weight
- Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel; XXX=Unknown
- Hair: BAL=Bald; BRO=Brown; BLK=Black; SDY=Sandy; GRY=Gray; WHI=White; BLN=Blond; RED=Red; XXX=Unknown
- Place of birth (city/state or foreign country)
- Employer and address ("none" if you are unemployed)
- Reason Fingerprinted - **This block MUST read: Arkansas State Board of Pharmacy – ACA § 17-92-317**
- Social Security Number
- Leave all other spaces blank (i.e., OCA, FBI, MNU)
- If an individual is missing one or more fingers, a notation in the fingerprint block(s) indicating why a partial or missing image exists must be written in. Handwritten notation recommended for fingerprint submissions include: AMP=amputated; TI=tip amputated; Missing at Birth; Cut off; Shot off; Deformed; and Missing.



Arkansas State Board of Pharmacy

101 East Capitol, Suite 218

Little Rock, AR 72201

501-682-0190 Fax 501-682-0195

www.arkansas.gov/asbp

ARKANSAS STATE POLICE AND FBI CRIMINAL BACKGROUND CHECK FORM

The last name on your criminal background check application must match the last name on your license or registration application and your driver's license.

This form must be NOTARIZED

Full Name:					
Last	First	Middle	Maiden / All Other Married Names		
Social Security #:		Date of Birth:	State of Birth:		
Sex:	Race:	Height:	Weight:	Eyes:	Hair:
Driver's License #:		State of Issuance (of driver's license):			
Mailing Address:					
Street Address		City	State	Zip	

I, the undersigned, give my consent for the Arkansas State Police to conduct the required criminal background checks on myself and release any information to the Arkansas State Board of Pharmacy.

Signature of Applicant	Date
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Return the following items to:
**Arkansas State Board of Pharmacy,
101 East Capitol, Suite 218, Little Rock, AR 72201**

Your application and supporting documents, this form - completed and notarized, a completed fingerprint card, and appropriate fees. Background checks conducted under Arkansas Code Ann. ACA § 17-92-317

State of: _____	County of: _____
Sworn to before me this _____	day of _____, 20 _____
Notary Public Signature	
My Commission Expires: _____	
Print, Type, or Stamp Name of Notary	